

469

ATTENTION: In order to be valid, this certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Apache
 District of Eagar
 Town of Eagar
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

State Index No. 3

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 22

Local Registrar's No. _____

(No. _____ St. _____ Ward _____)
 FULL NAME OF CHILD Veronelle Brown } Born YES
 } Alive YES

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Female { Two } and { Number in order of birth 3 } Legiti- mate? yes Date of Birth Feb. 5 1913
 { or other } { at last } { 29 } { (Month) } { (Day) } { (Yr.) }

Full Name FATHER Benjamin Brown Jr.
 Residence Eagar Arizona
 Color or Race American at last 29 (Years)
 Birthplace Phoenix Arizona
 Occupation Stock man

Full Maiden Name MOTHER Myrtle Green
 Residence Eagar Arizona
 Color or Race American at last 27 (Years)
 Birthplace Hunt Arizona
 Occupation Housewife

Number of child of this mother 3 Number of children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Feb 5 1913 at 8 M.

*When there is no attending physio-
 {ian or midwife, then the householder}
 {should make this return.}

(Signature)

Carrie Nelson Nurse
 (Attending physician, midwife, householder.)

Given or christian name added from a

Address Eagar Ariz

supplemental report _____ 191__

Filed Feb 22 1913

A True Copy

E. J. Dugan
 LOCAL REGISTRAR.

Filed _____ 191__

COUNTY REGISTRAR.

525-205-479
 COUNTY REGISTRAR.